

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

Date Received
MAR 31 2011
By _____

Please type or print in ink.

11 APR 11 AM 10:38

NAME OF FILER (LAST) DELFINO (FIRST) KENNETH (MIDDLE) A

1. Office, Agency, or Court

Agency Name

CITY of COLFAX

Division, Board, Department, District, if applicable

COUNCIL

Your Position

MAYOR

► If filing for multiple positions, list below or on an attachment.

Agency: SEDCorp

Position: DIRECTOR / VICE-CHAIRMAN

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☒ County of PLACER, SIENRA, NEVADA, EL DORADO

☒ City of COLFAX

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed

31 March 2011
(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 <small>FABRIC POLITICAL PRACTICES COMMISSION</small>
Name <u>KEN DELFINO</u>

1. BUSINESS ENTITY OR TRUST	
Name <u>K.M.D. AWARDS of COLFAX</u>	
Address <u>999 PINE ST. COLFAX, CA 95713-1690</u>	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u>12/01/08</u> / <u>0820/0</u> / <u>08</u> ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>PRESIDENT</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
<u>999 PINE ST. COLFAX, CA</u>	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
<u>HOME-BASED TROPHY SHOP</u>	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>08</u> <u> </u> / <u> </u> / <u>08</u> ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold <u> </u> Yrs. remaining <input type="checkbox"/> Other <u> </u>	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

1. BUSINESS ENTITY OR TRUST	
Name	
Address	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>08</u> <u> </u> / <u> </u> / <u>08</u> ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	

2. IDENTIFY THE GROSS INCOME RECEIVED INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>08</u> <u> </u> / <u> </u> / <u>08</u> ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold <u> </u> Yrs. remaining <input type="checkbox"/> Other <u> </u>	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

ICEN DELFINO

► STREET ADDRESS OR PRECISE LOCATION
999 PINE ST

CITY
COLIFAX, CA

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10
 ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Easement
☐ Leasehold _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10
 ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust
☐ Easement
☐ Leasehold _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>KEN DELFINO</u>

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

<p>▶ NAME OF SOURCE <u>KIWANIS CAL-NEV-HA DIVISION 32</u></p> <p>ADDRESS <u>LTG KATHY ORLIN - 513 HILLTOP CT</u></p> <p>CITY AND STATE <u>TAFT, CA 93628</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>SPEAKER: LAKEVIEW FIELD, CA</u></p> <p>DATE(S): <u>11/18/2010</u> <u>+</u> <u>+</u> AMT: \$ <u>305.10</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>MILEAGE REIMBURSEMENT</u> <u>648 mi @ \$.45 per mile</u></p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): / / - / / AMT: \$ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>
<p>▶ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): / / - / / AMT: \$ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): / / - / / AMT: \$ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>

Comments: I AM A COORDINATOR AND COMMITTEE CHAIRMAN FOR THE
GOVERNOR OF THE CALIFORNIA-NEVADA-HAWAII DISTRICT OF KIWANIS INT'L